FOR INSTRUCTIONS, SEE BACK OF FORM

## **DISCLOSURE SUMMARY PAGE**

File with: lowe Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

	ET:	Hics Les	AMP.
2010 JUL	30	AM	7: 54

		1		
COMMITTEE NAME (Must be same as on Statement of Orga	nnization)	١	FORM	
Iowans For Hartsuch			DR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Candisusion Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	2 )State PAC ( 3 )State Party Idate ( 7 )School Board or Other Political	(Re	ev. 12/2009) r Office Use On	REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name David Hartsuch	Political Party (if applicable) Republican	Sc		
Office Sought Iowa Senate	District (if Senate or House) 41	Au	dited	
Late reports are subject to possible civil and criminal penalties. Pucandidate's committee, and the chairperson, for any other type of the committee of the com	rsuant to Iowa Code soctions 68B.32A(7) committee, is the individual responsible for  563-823 4844  TELEPHONE	ւտուց ա	nely and accur-	не геропа.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	IGNED
I AM FILING A 07/14/2010 (report date)	REPORT FOR (1) ELECTION /(2		LECTION YE	AR.
CHECK IF AMENDMENT TO REPORT DATED	_		nittees, enter Da	1
STATEMENT OF CASH ON HAN	<u> </u>			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is f	cash on hend at the end	\$	2,680.72	
ADD TOTAL MONEY TAKEN IN THIS PERIOD			2 010 12	
Schedule A: Cash Contributions total (Attach Sched			2,010.13	
Schedule F: Loans Received total (Attach Schedule			4,980.00	
Schedule H: Total Sales of Campaign Property (Atta	ach Schedule H)			
(Schedule H applies to Candidates' Com	mittees Only) SUB-TOTAL	\$	9,670.85	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedule F)	(**also see debts and loans below)		7,178.06	
CASH ON HAND at the end of this reporting period (if final re			2,492.79	
**UNPAID BILLS (From Schedule D - Attach Schedule D)			1,427.90	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche			1.000.00	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule			4.988.00	2/801.33
CONSULTANT BREAKDOWN (Schedule G Attached?)	,	_	YES V	
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	ach Schedule H)	\$		

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

Iowans For Hartsuch

For Instructions, See Back of Form  CONTRIBUTIONS MONEY TAKEN IN  (Including candidate's personal funds)  COMMITTEE NAME (Must be same as on Statement of Organization)	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
(Including candidate's personal funds)		CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		AME	NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06/03/2010	ID# CK# <sub>3584</sub>	Katherine Diamond 985 Lincoln Rd. Bettendorf, IA 52722		\$200.00	
06/03/2010	ID# CK# 5706	James Collins 6415 Patrick Pointe Rd. Davenport, IA 52807-3968		100.00	
06/03/2010	CK# 3371	William Craig 211 Dolan Dr. Blue Grass, IA 52726		300.00	
06/03/2010	ID# CK# Cash	William Craig 211 Dolan Dr. Blue Grass, IA 52726		60.00	
06/03/2010	1D# CK# <sub>4080</sub>	Nicky Lewis 1714 N. Pine St. Davenport, IA 52804		25.00	
06/03/2010	CK# <sub>3538</sub>	Dennis Rury 2111 Glenn Ct. Bettendorf, IA 52722		20.00	
06/03/2010	ID# CK# <sub>4927</sub>	Dennis Petersen 1704 Piccadilly Place Davenport, IA 52807		25.00	
06/03/2010	ID# CK# <sub>547</sub>	Martin Swanson 1114 Chateau Knoll Bettendorf, IA		10.00	
06/03/2010	ID# CK# 5076	Mary Ellen Evans 3208 18th Pl. Davenport, IA 52803-3505		15.00	
06/03/2010	ID# CK# 8605	Patricia A. Schmidt 2501 Bridge Ave. Davenport, IA 52803		45.00	
			SUB-TOTAL	\$ 800.00	
		TOTAL (If las	t page of this schedule)		1

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3

For	Instruct	ions.	See	Back	of	Form

## Reset Form **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Iowans For Hartsuch	

	SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS			
-	CHECK THIS BOX AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIB	UTOR RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06/03/2010	CK# <sub>8635</sub>	Patricia Schmidt 2501 Bridge Ave. Davenport, IA 52803		\$20.00	
06/03/2010	ID# CK# <sub>7566</sub>	Steve Lindle 24735 Bluff Rd. Princeton, JA 52768		20.00	
06/03/2010	ID# CK# 7428	Joanne Nagy 3124 Arlington Ave. Davenport, IA 52803-1311		20.00	
06/04/2010	CK# 5047	Les Baer 29601 34th Ave. Hillsdale, IL 61257-9640		500.00	
06/04/2010	CK# <sub>1118</sub>	Grover P. Hartsuch 4627 Willow Wood Ct. Davenport, 1A 52807-3446		500.00	
06/04/2010	CK# 2503	Harry Heppler 2955 Red Wing Ct. Bettendorf, IA 52722		50.00	
06/04/2010	ID# CK# <sub>7344</sub>	W. Aaron Ensenat 1415 E 39th St. Apt. 3-B Davenport, IA 52807		10.00	
06/10/2010	CK# <sub>3112</sub>	Jon Johnson 1544 23rd St. Bettendorf, IA 52722		50.00	
06/10/2010	ID# CK# 4711	Charles E. Hand 1215 16th St. Bettendorf, IA 52722		10.00	
06/10/2010	ID# CK# 8466	Miriam Fox 1901 W 16th St. Davenport, 1A 52804		25.00	
			SUB-TOTAL	<b>\$</b> 1205.00	
		TOTAL	(if last page of this schedule)		

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial retationship, enter "not applicable" in the relationship column.

of (for Schedule A)

CONTRIBUTI	ons, See Back of Fo	KEN IN	Reset Form	SCHEDULE A (Rev. 07/03)	MONETA	
COMMITTEE	ng candidate's personal fur  NAME (Must be same  COS For E	as on Statement of Organization)			ECK THIS B ENDING FO	
STATE CANDIDA NUMBER AND THE DISCLOSURE BOA	NTES NOTE: IF A CONTRI E PAC CHECK NUMBER IN ARD.	BUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACT THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AV	MILABLE PROM TO	E IOWA E MIIO		
NOTE: ANY PER RESPONSIBILIT	RSON, OTHER THAN AN IES AND SHOULD IMME	INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$75 DIATELY CONTACT THE BOARD.	0 TO YOUR CAM	PAIGN MAY H	AVE FILING	
CAUTION: Sec commercial purp	tion 68B.32A(6), prohibitions of the pose by any person other	its the use of information copied from reports and sta er than statutory political committees.	tements for solic	iting contribut	ions or for a	ny
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIO TO CAND (if appli	DIDATE* F	AMOUNT RECEIVED	√ IF F( FUND RAISE INCOM
06/10/2010	ID# CK# <sub>Cash</sub>	Misc. Cash Contribution		\$5	.00	
06/30/2010	ID# CK#	The National Bank (interest)			13	
	ID# CK#					
	ID# CK#				-	
	ID# CK#					
-	ID#					
	ID# CK#					
	ID# CK#					
	ID# CK#					
	ID#					
	1			1		1

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

State Contact	A19.		- 4	,
Rese	3 T.	-	~	١
1 CCSC	E PU	Ų1:	ш	- 1
Annual Property lies	-	200		×

#### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

**Iowans For Hartsuch** 

DATE EXPENDED (MM/DO/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/03/2010	ID# CK#2135	US Postal Service	Postage	\$ <sup>72.80</sup>
06/03/2010	ID# CK# <sub>2136</sub>	US Postal Service	Postage	28.00
06/04/2010	ID# CK# 2137	Bullseye Direct Mail 5101 Tremont Ave. Davenport, IA 52807	Mailing	1983.56
06/04/10	ID# CK# <sub>2138</sub>	Quad City Times 500 E. 3rd St. Davenport, IA 52801	Advertising	1725.00
06/03/10	ID# CK# <sub>2139</sub>	Clear Channel 3535 E. Kimberly Rd. Davenport, IA 52807	Advertising	131.75
06/07/2010	ID# CK# <sub>2140</sub>	KLJB 5000 Tremont St. Davenport, IA 52807	Advertising	1080.00
06/11/2010	ID# CK# <sub>2141</sub>	John Zahm PO Box 2 Osco, IL 61274	Consulting	2000.00
6/14/2010	ID# CK#	Pipeline Date Web Pay	Credit Card Processing Fees	84.45
			SUB-TOTAL	\$ 7105.56

TO CANDIDATES' COMMITTEI	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page I	of 🦪

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

0		
ĸ	eset Form	
تستند	77.77	

### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

COMMITTEE	NAME	(Must be	same	as on	Statement	of C	Organization)

Iowans For Hartsuch

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/13/2010	ID# CK#	Pipeline Data Webpay	Credit Card Processing	\$ <sup>72.50</sup>
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#	:		
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 72.50

**72.50** 

TOTAL (if last page of this schedule)

7178,06

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

_	2		. ~
Page		 of	

SCHEDULE

FOR INSTRUCTIONS.	SEE BACK	OF FORM
1 ON MIGHT CONO.	OLL DACK	Or I Or W

COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 08/98)	INCURRED INDEBTEDNESS
Iowans For Hartsuch			CK THIS BOX
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.	Reset Form	IF AI FOR	MENDING M

# DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an involce has been received.

	DESCRIPTION OF GOODS OR	BALANCE OWED AT
NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	SERVICES PROVIDED OR PURCHASED	CLOSE OF REPORTING PERIOD*
David Hartsuch 2127 Nicholas Ct. Bettendorf, IA 52722	re-imbursement for pizza for 5/13 event	163.85
David Hartsuch 2127 Nicholas Ct. Bettendorf, IA 52722	Purchase Postcards	403.14
Mature Focus PO Box 1031 Moline, Il 61266-1031	Advertising	200.00
River City Reader 532 W. 3rd St. PO Box 4927 Davennort. IA 52808-4927	Advertising	241.00
Exchange Marketing Group 3854 Florence Dr. #5 Alexandria, VA 22305	Direct Mail Printing	419,91
TOTAL DEBTS OWED BY COMMITTEE AT		\$ 1,427.90 \$ 1,427.90
	David Hartsuch 2127 Nicholas Ct. Bettendorf, IA 52722  David Hartsuch 2127 Nicholas Ct. Bettendorf, IA 52722  Mature Focus PO Box 1031 Moline, II 61266-1031  River City Reader 532 W. 3rd St. PO Box 4927 Davennort. IA 52808-4927  Exchange Marketing Group 3854 Florence Dr. #5 Alexandria, VA 22305	David Hartsuch 2127 Nicholas Ct. Bettendorf, IA 52722  David Hartsuch 2127 Nicholas Ct. Bettendorf, IA 52722  Purchase Postcards  Purchase Postcards  Advertising  Advertising  River City Reader 532 W. 3rd St. PO Box 4927 Davennort. IA 52808-4927  Exchange Marketing Group 3854 Florence Dr. #5

Page 1 of 1 (for Schedule D)

#### CANDIDATE COMMITTEES NOTE:

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, politing, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUC	CTIONS, SEE BACK OF FORM			SCHEDULE E	IN-KIND
	E NAME (Must be same as on Statement of Organ	nization)			CONTRIBUTIONS
iowans re	or Hartsuch		Reset Form	CHECK 1	THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE  • (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
06/14/2010	Richard Roller 1227 Sycamore LeClaire, IA 52753		Office Space	\$ 1,000.00	
			***************************************		
			SUB-TOTAL  TOTAL (If last page of this schedule)	\$ 1,000.00 \$ 1,000.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of \_\_\_\_\_\_ (for Schedule E)

RINSTRUCTIO			RESET	SCHEDULE F	
MMITTEE NAM vans For Hart	E(Must be same as on Statement of Organization) such			(Rev. 02/08)	RECE & REF
	ule reports money loaned to the committee which is deposited in the DANS FROM LAST REPORTING PERIOD \$ _16,821.32	ne committee	account.	CHECK O	
RTI- MONETA	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is in	volved. Inclu	de loans from candid	date's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		LATIONSHIP TO DATE (If Applicable	AMOUNT (	OF LOAN
06/04/2010	David Hartsuch 2127 Nicholas Ct. Bettendorf, IA 52722			<sup>\$</sup> 1000	.00
06/07/2010	David Hartsuch 2127 Nicholas Ct. Bettendorf, IA 52722			1080	.00
06/11/2010	David Hartsuch 2127 Nicholas Ct.			2900	.00
	Bettendorf, IA 52722				
	- · - · · · · · · · · · · · · · · · ·				
	Bettendorf, IA 52722	TOTAL	(PART I)	\$_4980.00	
RT II - MONET (Loans f	- · - · · · · · · · · · · · · · · · ·	TOTAL	(PART I)	\$_4980.00	
RT II - MONET (Loans f DATE PAID (MM/DD/YR)	Bettendorf, IA 52722  ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD	REI	(PART I) .ATIONSHIP TO DATE* (If Applicable	AMOUNT F	REPAID
(Loans f	Bettendorf, IA 52722  TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	REI	ATIONSHIP TO	AMOUNT	REPAID
(Loans f	Bettendorf, IA 52722  TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	REI	ATIONSHIP TO	AMOUNT F	REPAID
(Loans f	Bettendorf, IA 52722  TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	REI	ATIONSHIP TO	AMOUNT F	REPAID
(Loans f	Bettendorf, IA 52722  TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	REI	ATIONSHIP TO	AMOUNT F	REPAID
(Loans f	Bettendorf, IA 52722  TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER	CANDI	.ATIONSHIP TO DATE* (If Applicable)	AMOUNT F	REPAID
(Loans f	TARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD forgiven must be reported on Schedule E In-kind Contributions.)  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	REI	ATIONSHIP TO DATE* (If Applicable)	AMOUNT F	REPAID